

## Neighborhood Assistance Program Services Contribution Data Sheet

Complete and submit with the CNF-C for Professional Services or CNF-D for Contracting Services

To Be Used For Donated Business Staff Time for Professional and Contracting Services

(Use an additional Sheet of Paper if Necessary)

PRINT NAME OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

JOB TITLE	TYPE OF SERVICES PROVIDED TO NAP ORGANIZATION	DATE (List each date separately)	HOURLY RATE (excludes fringes)	TOTAL HOURS WORKED	TOTAL VALUE (Rate x Hours)

**NOTE:** Other formats providing the same information will be accepted. Sign and attach this form to the CNF or other format and return to the NAP Organization.

**CERTIFICATION BY BUSINESS DONOR:** I certify that the value of the donated service(s) was determined by the standards stated in the instructions and does not exceed the statutory maximum. I also certify I will not receive any type of compensation or reimbursement for the donated services nor will my company receive any compensation. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Departments of Taxation and Social Services.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Donor